

471-000-227 Instructions for Completing Form DPI-OBRA5. "Notice of PASARRP Findings"

Use: Form DPI-OBRA5 is used to provide notice to an individual or his/her legal representative of the following:

1. Whether nursing facility services are appropriate;
2. Whether specialized services are required;
3. Which alternative services are being recommended; and
4. That the individual has the right to appeal the determination.

Note: Form DPI-OBRA 5 gives approval for NF services, but not for a specific facility, except for a specialized facility - this type of approval may not be transferred from one facility to another.

Number Prepared: One original for Form DPI-OBRA5 is prepared. Copies are made as needed for distribution.

Completion: Form DPI-OBRA5 is a stored document completed by the HHS/Contractor to indicate how the individual's treatment needs can be met.

Distribution: The HHS/Contractor sends Form DPI-OBRA5 to the individual or his/her legal representative, the nursing facility, HHS the CMHR and/or CBDDSP, the individual's physician, and, if appropriate, the hospital.

Retention: Form DPI-OBRA5 is retained for four years.

## **FIRST MENTAL HEALTH, INC.**

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TO:

DATE:

REV#:

SS#:

RE:

In accordance with the federally mandated Preadmission Screening and Annual Resident Review (PASARR) Program for nursing home applicants and residents, First Mental Health, Inc. recently performed an assessment of the physical and mental health needs of the individual named above. This assessment was performed on behalf of the Nebraska Department of Health and Human Services and has determined the following:

### **PLACEMENT DETERMINATION:**

### **SERVICE DETERMINATION:**

The attached PASARR Summary of Findings Report summarizes the evaluation by First Mental Health, Inc. Questions regarding the assessment or its results should be directed to:

First Mental Health, Inc.  
Nebraska PASARR Quality Assurance Department  
1-800-598-6462

Relevant legislation can be found at the following cites: 1919(e)(7) and 1819 (f)(3) and (e)(3) of the Social Security Act; Code of Federal Regulations 42 (CFR) 431, Subpart E; 42 (CFR) 483, Subpart C and E; 42 (CFR) 483.12; 471 NAC 12-004.12B).

If the above named individual and/or legal representative disagrees with the decision to permit placement choice as a result of specialized service needs a fair hearing may be requested. For information or to file an appeal, contact First Mental Health Long Term Care Quality Assurance Department; 501 Great Circle Road, Suite 300; Nashville, Tennessee 37228 (800-598-6462). A request for an appeal should be filed in writing with the Department of Social Services within 90 days of this letter. If the individual or legal representative wishes to review pertinent medical records, these records will be made available by FMH prior to the hearing.

This letter should be maintained with the attached Summary of Findings and OBRA 1 screening form and must become a permanent part of the resident's medical record.

XC:

Evaluated Individual  
Rosemary Stubbendeck, Department of Social Services  
Legal Representative  
Primary Physician  
Retaining Nursing Facility

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E6/WPD14

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